

MANAGERS CHECKLIST FOR WHEN AN EMPLOYEE PHONES IN SICK

Once completed, please retain this form and attach to the employee's RTW meeting form.

Section A			
Employee's Full Name:		Department:	
Date Absence from Work began:/			
Date of Call:/		Time of Call: AM/PM	
Section B			
Did employee make contact? Yes/No		If no, who made contact:	
Why was contact not made by employee Ask to speak to employee			
Was contact made in line with requirements? Yes/No			
QUESTIONS TO BE ASKED. (Use discretion as to suitability of each question)			
1.	What is the reason for the absence?		
2.	How are you feeling/What symptoms do you	have?	
3.	How long have you felt unwell and have you	had the conditions before?	
4.	Have you sought and medical advise (GP/Pha	armacist) & if so what did they say?	
5.	How long do you think you will be absent from	m work?	
6.	Would you be well enough later today to wor	k?	



7.	What action have/will you take to speed your recovery (i.e. see GP/take medication/rest/seek specialist help)?		
8.	Is there anything that the company can do to help?		
9.	Are there any additional issues (preventing you from attending work) that you would like to discuss?		
Section	n C		
Agree details of date and time of next contact to be made. (i.e. next day by 10am or later in the same day)			
Date of Call:/ Time of Call: AM/PM			
If the employee failed to follow the absence reporting procedure, please read out this statement below to the employee and then check their understanding:			
'Should you be unable to attend work at your normal starting time, you must contact your line manager or supervisor, as soon as possible and no later than 1 hour of your scheduled start time. You must continue to contact the company on a daily basis, whilst you are unable to attend work. In the event that you are unable to call in person, you must arrange for a third party to make the call on your behalf, this is only acceptable if you are hospitalised and therefore unable to call. You must then call in as soon as possible to advise of your anticipated return. Texting or emailing is never acceptable. Absence of greater than seven days requires a medical certificate from your doctor. Do you understand this procedure?'			
Any further notes or follow-up actions agreed:			
I decla	re that the information contained on this document is accurate and complete.		
Signat	ure of Manager completing the form: Date:/		
Manag	er's Name (Block Capitals)		